219

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *174*

Registered No. *10*

1. PLACE OF BIRTH

County *Gila*   State *Arizona*

District or Township *Globe*   or Village

City *Globe*   No. *Euclid Ave* St.   Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child *Raymond Aragon*

3. Sex of Child *Male*	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? *Yes*	7. Date of birth *Jan. 17, 1930*
		5. No., in order of birth		Month Day Year

8. FATHER	**14.** MOTHER
Full name *Juan Aragon*	Full maiden name *Petra Hernandez*
9. Residence (Usual place of abode) *Globe Ariz* If non-resident, give place and state.	15. Residence (Usual place of abode) *Globe Ariz* If non-resident, give place and state.
10. Color or race *Mexican* 11. Age at last birthday *38* (Years)	16. Color or race *Mexican* 17. Age at last birthday *33* (Years)
12. Birthplace (city or place) *Jaurez* (State or country) *Mex*	18. Birthplace (city or place) *Clifton* (State or country) *Ariz*
13. Occupation Nature of Industry *Laborer*	19. Occupation Nature of Industry *Housewife*

20. Number of children of this mother *7* (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living *6* (b) Born alive but now dead *1* (c) Stillborn *0*	21. Were precautions taken against ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *5:30* P. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *C W Adams*

Physician

(Physician or Midwife).

Given name added from a supplemental report _____ Month, day, year

Address *Box 636 Globe, Ariz*

Filed *2/10*, 19*30* *S E. Wright* M.D.

Registrar

915 — 117 — 789